Approved for use through 1/31/2007. OMB 0651-0032
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 09/373,403 | | | ing Date 12/1999 | To be Mailed | |
|---|--|---|--|---|--------------|---|-----|---|------------------------|----------------------------|-----------------------|----------------------------|--|
| APPLICATION AS FILED — PART I (Column 1) (Column 2) | | | | | | | | SMALL | ENTITY | OTHER THAN OR SMALL ENTITY | | | |
| | FOR | N | IUMBER FILED | | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | ΓAL CLAIMS CFR 1.16(i)) | | minus 20 = | | * | | | x \$ = | | OR | x \$ = | | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = | | * | | | x \$ = | | 1 | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | shee is \$2 addit | If the specification and consherts of paper, the applies \$250 (\$125 for small enditional 50 sheets or factorial to the specific s | | | plication size fee due entity) for each fraction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If t | the difference in col | umn 1 is less than | r "0" in colu | | TOTAL | | | TOTAL | | | | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | |
| AMENDMENT | 07/21/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * 22 | Minus | ** 26 | | = 0 | | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | * 3 | Minus | ***3 | | = 0 | | X \$ = | | OR | X \$210= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Colum | | (Column 3) | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOI PAID F | ER USLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * | Minus | ** | | = | | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | | = | | x \$ = | | OR | x \$ = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))) | | | | | | | | | OR | | | |
| * 16 | the entry in solumn | 1 is loss than the | ontry in act | uman 2 samile | o "O" in | column 2 | • ' | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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